

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement On Reverse Side

STD. 262 (REV. 9/2007)

CLAIMANT'S NAME George Valverde 011-8718-001			SSN or EMPLOYEE NUMBER*		DEPARTMENT Motor Vehicles	
POSITION Director		CB/ID No.	DIVISION or BUREAU Executive			INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 2415 1st Avenue			TELEPHONE NUMBER
CITY Sacramento	STATE CA	ZIP CODE 95818	CITY Sacramento	STATE CA	ZIP CODE 95818	

(1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED				
(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
6	1447 1604	Sacramento							sc	7.00		0.00		7.00
7	1400	Visalia	92.45			18.00			sc			0.00		110.45
8	1430	Visalia		6.00	10.00		6.00		sc			0.00		22.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
	1604											0.00		0.00
												0.00		0.00
(13) SUBTOTALS			92.45	6.00	10.00	18.00	6.00	0.00		7.00	0.00	0.00	0.00	139.45
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	139.45
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 6: Meeting with Undersecretary and Staff at Business, Transportation and Housing Agency. 7/8: Met with staff at the Visalia, Manteca and Modesto Field Offices to discuss current issues impacting the department.	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)				DATE

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Motor Vehicles						
POSITION Director			CB/ID NUMBER		DIVISION OR BUREAU Executive				INDEX NUMBER			
RESIDENCE ADDRESS *					HEADQUARTERS ADDRESS 2415 First Avenue					TELEPHONE NUMBER		
CITY		STATE		ZIP CODE		CITY Sacramento			STATE CA		ZIP CODE 95818	

[illegible]

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 131.29

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

28/29: Met with staff of the Santa Rosa, Corte Madera, El Cerrito, and Vacaville field offices to discuss issues currently impacting the DMV. Toll for Carquinez Strait Bridge

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE _____

DATE _____

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE _____